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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/712,268
		Filing Date	November 14, 2003
		First Named Inventor	Vincent TIEU et al.
		Group Art Unit	3621
		Examiner Name	Elisca, Pierre E.
Total Number of Pages in This Submission	6	Attorney Docket Number	111325-310200

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO Form 1449 2. One Box including 112 cited references
Remarks		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

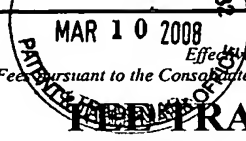
Firm or Individual name	Marc S. Kaufman Registration No. 35,212 Nixon Peabody LLP 401 9th Street, N.W., Suite 900 Washington, D.C. 20004-2128
Signature	/Marc S. Kaufman, Reg. # 35,212/
Date	March 10, 2008

CERTIFICATE OF MAILING OR TRANSMISSION

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 <p>TRANSMITTAL FOR FY 2008</p>		<i>Complete if Known</i>	
		Application Number	10/712,268
		Filing Date	November 14, 2003
		First Named Inventor	Vincent TIEU et al.
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Elisca, Pierre E.
TOTAL AMOUNT OF PAYMENT	\$180.00	Art Unit	3621
		Attorney Docket No.	111325-310200

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	N/A	N/A	N/A	N/A	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	x _____ = _____	

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other: <u>Information Disclosure Filing Fee</u>		<u>\$180.00</u>

SUBMITTED BY

Signature	/Marc S. Kaufman, Reg. # 35,212/	Registration No. 35,212 (Attorney/Agent)	Telephone (202) 585-8000
Name (Print/Type)	Marc S. Kaufman		Date March 10, 2008

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

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U.S. Patent Application No. 10/712,268
Attorney Docket No. 111325-310200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	Confirmation No.: 7953
Vincent TIEU et al.)	Group Art Unit: 3621
Application No.: 10/712,268)	Examiner: Elisca, Pierre E.
Filed: November 14, 2003)	
For: SYSTEM AND METHOD FOR)	Date: March 10, 2008
GRANTING ACCESS TO AN ITEM)	
OR PERMISSION TO USE AN ITEM)	
BASED ON CONFIGURABLE)	
CONDITIONS)	

INFORMATION DISCLOSURE STATEMENT

United States Patent and Trademark Office
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Randolph Building
401 Dulany Street
Alexandria, VA 22314

Dear Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98(a)(2)(ii), copies of the cited U.S. patents (*i.e.*, Reference Cite Nos. 1–101) are not enclosed. Copies of the cited Foreign patents (*i.e.*, Reference Cite Nos. 102–173) are enclosed. Copies of the cited non-patent references (*i.e.*, Reference Cite Nos. 174–213) are enclosed. The references have been cited in recent oppositions in the European Patent Office relating to cases owned by assignee.

The Commissioner is hereby authorized to charge the **Deposit Account No. 19-2380** in the amount of **\$180.00** representing filing fees.

It is requested that the accompanying PTO/SB/08A be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO/SB/08A. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required, or credit any overpayment to Deposit Account No. 19-2380.

03/11/2008 MAHEDI 00000103 192380 10712268
01 FC:1806 180.00 DA

Respectfully submitted,
NIXON PEABODY LLP

Date: March 10, 2008

By: /Marc S. Kaufman, Reg. # 35,212/
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